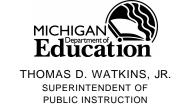


STATE OF MICHIGAN DEPARTMENT OF EDUCATION LANSING



FISCAL YEAR 2002 CHILD AND ADULT CARE FOOD PROGRAM OPERATIONAL MEMO #15

TO: Child and Adult Care Food Program Sponsors

FROM: Peggy Pawelek Brown, Manager

Food and Nutrition Program

DATE: July 17, 2002

SUBJECT: NEW REIMBURSEMENT RATES - EFFECTIVE JULY 1, 2002

The following reimbursement rates are in effect for the period of July 1, 2002 through June 30, 2003:

CATEGORY	BREAKFAST	LUNCH/SUPPER	SNACK			
Category A Child	\$1.17	\$2.14	\$.58			
Category B Child	\$.87	\$1.74	\$.29			
Category C Child	\$.22	\$.20	\$.05			
An additional \$.1525 cash-in-lieu of commodities is paid for each lunch and supper. served.						

The July 2002 Claim for Reimbursement will reflect the new rates.

If you have any questions regarding this memo, please contact:

Jacki Higdon, Financial Administrative Assistant Fiscal Management Office of School Support Services Michigan Department of Education P. O. Box 30008 Lansing, MI 48909 (517) 373-7391

APlease keep this memo on file or in a notebook for quick and easy reference!!

PPB/glm

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Reimbursement Computation Worksheet For Center Sponsors

Claim Month Year Non-reimbursable meals/snacks Reimbursement Rate Number of Meal (effective Meal Reimbursable Reimbursethrough **Type** Category **Meals Served** ment AA@ Rate 6/30/2003) **Total** Number \$ 1.17 В .87 \$ \$ C .22 1.17 =\$ 1. Total Breakfast Reimbursement Breakfast \$ 2.14 \$ В 1.74 2.14 =\$ C .20 Total Number of Lunches Lunch 2. Total Lunch Reimbursement \$ \$ 2.14 \$ В 1.74 2.14 =\$ C .20 Total Number of Suppers \$ Supper 3. Total Supper Reimbursement \$.58 В .29 \$.58 =\$ C .05 \$ Snack 4. Total Snack Reimbursement Total Number of Lunches Total Number of Suppers Total Lunches H.1525 Cash-in-Lieu 5. Suppers (cash-in-lieu) 6. TOTAL Meal Reimbursement (1+2+3+4+5) \$ Value of non-reimbursable meals (Totals of the far right columns of this form breakfast, lunch, supper, snack) \$ Line 6 of the Line C of the Line 7 of Net expenses claim claim this form 8. Food Service Operation Expenses (Line 6 minus line C of the claim minus Line 7 of this form) VALUE OF CLAIM FOR REIMBURSEMENT: (The lesser of line 6 or line 8 of this form.) \$